NOTIFICATION OF INTENT TO USE THIRD PARTY PLAN REVIEW AGENCY

| LANGUAGE PREFERRE | u English U Spanish | ☐ Cninese ☐ Vietnamese | ☐ Amnaric ☐ K | torean Utner: | |
|----------------------------|--|---------------------------------------|---------------------------|---------------|--|
| | ation is to advise the District on to utilize third party plan revi | | | | |
| Section A APPLIC | ANT INFORMATION | | | | |
| 1. APPLICANT NAME | | | | | |
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| The following | RY THIRD PARTY PLAN RE ng Third Party Plan Review Agency o | r Agencies will be used for the Proje | | | |
| 1. AGENCY NAME | | | | | |
| | | Last | | | |
| CITY STATE | | | SUITE or APARTMENT NUMBER | | |
| | | | | | |
| | | EMAIL@ | | | |
| FAX NUMBER () WEB ADDRESS | | | | | |
| | | | DATE ISSUEDDATE ISSUED | | |
| 5. PROF. ENGINEER/AR | CHITECT NUMBER | DA | ATE ISSUED | | |
| 3. STREET ADDRESS | | Last SUITE or APARTMENT NUMBER | | | |
| CITY STATE | | | | | |
| PHONE NUMBER () | | | | | |
| | | | | | |
| | | DATE ISSUED DATE ISSUED | | | |
| 5. PROF. ENGINEER/AR | RCHITECT NUMBER | DA | ATE ISSUED | | |
| The names | DARY THIRD PARTY PLAN of the Professionals-in-Charge, Super the discipline to be reviewed are as fol | visory Plan Reviewer and Plan Revie | | | |
| Discipline | Third Party Plan Review Agency | Professional-in-C | harge | Plan Reviewer | |
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Section G ACKNOWLEDGEMENTS

By signing below, the Permit Applicant, the Third Party Plan Review Agency, and it's Professional-in-Charge acknowledge that they have reviewed and are familiar with the provisions of the Homestart Regulatory Improvement Amendment Act of 2002, codified as D.C. Official Code, 2001 Ed. §6-1405.02 et seq. (a), 12A DCMR §105.3.1.1.1 and the Third Party Plan Review Program-Procedure Manual, and agree to comply with the third party plan review procedures, responsibilities and requirements set forth therein, and other conditions that may be specified by the Code Official.

| I have read and agree to comply with the terms and conditions | of this agreement. | | |
|---|---------------------------------------|--|--|
| APPLICANT | | | |
| Applicant Name | Applicant Signature | | |
| Title of Signatory | Date | | |
| PROFESSIONAL-IN-CHARGE OF PRIMARY THIRD P | ARTY PLAN REVIEW AGENCY | | |
| Applicant Name | Applicant Signature | | |
| PE/Architect License No. of Signatory | Date | | |
| THIRD PARTY PLAN REVIEW AGENCY | | | |
| Name | Signature | | |
| Title of Signatory | | | |
| imprisoned up to 180 days, or both, under D.C. Official Code | | | |
| FOR C ACCEPTED FOR DCRA BY: | OFFICIAL USE ONLY | | |
| Staff Name | Signature | | |
| | Date | | |
| Notice of Approval Certification No. | | | |
| NOTES: | | | |
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| | ARTY PLAN REVIEW TION FORM 2009-01 | | |

DC INSPECTOR GENERAL HOTLINE: If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, Contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

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